

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> original | <input type="checkbox"/> design | <input type="checkbox"/> supplemental |
| <input type="checkbox"/> divisional | <input type="checkbox"/> continuation | <input checked="" type="checkbox"/> continuation-in-part (CIP) |

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

EMULSIFIED WATER-BLENDED COMPOSITIONS

Insert title above

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b) ☐ was filed on _____ as ☐ Serial No. 0/_____ or

☐ Express Mail No. _____, ☐ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

David M. Shold, 31,664
Samuel B. Laferty, 31,537
Teresan W. Gilbert, 31,360

Michael F. Esposito, 29,506
Joseph P. Fischer, 31,758
Jeffrey F. Munson, 45,705

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION

Patent Dept. - Patent Administrator-022B

29400 Lakeland Boulevard

Wickliffe, OH 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Teresan W. Gilbert

(440) 347-5072

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

Brian

(GIVEN NAME)

B.

(MIDDLE INITIAL OR NAME)

Filippini

(FAMILY OR LAST NAME)

Inventor's signature Brian B. Filippini

Date 10-22-01

Country of Citizenship

U.S.A.

Residence

Mentor, Ohio

(city and state or foreign country)

Post Office Address

5800 South Winds Drive #132

Mentor, OH 44060

Full name of second joint inventor, if any

William

(GIVEN NAME)

R.

(MIDDLE INITIAL OR NAME)

Sweet

(FAMILY OR LAST NAME)

Inventor's signature William R. Sweet

Date 10/22/01

Country of Citizenship

U.S.A.

Residence

Richmond Heights, Ohio

Post Office Address

4903 Gleeten Road

Richmond Heights, OH 44143

Full name of third joint inventor, if any

Thomas F. Steckel
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature Thomas F. Steckel

Date 10-22-01 Country of Citizenship U.S.A.

Residence Chagrin Falls, Ohio

Post Office Address 4175 Giles Road
Chagrin Falls, OH 44022

Full name of fourth joint inventor, if any

John J. Mullay
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature John J. Mullay

Date 10-22-01 Country of Citizenship U.S.A.

Residence Mentor, Ohio

Post Office Address 9251 Lori Jean Drive
Mentor, OH 44060

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

☒ Signature for fifth and subsequent joint inventors. Number of pages added 1.

☒ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application or for claiming priority from a provisional application.

☐ Number of pages added 1.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

☐ This declaration ends with this page

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR
DIVISIONAL, CONTINUATION AND CIP APPLICATION**

(complete this part only if this is a divisional, continuation or CIP application)

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER
35 U.S.C. 120**

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States applications) or PCT International application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information that is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:**

U.S. APPLICATIONS		Status (<i>Check one</i>)		
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1. 09/152,852	September 14, 1998		X	
2. 09/390,925	September 7, 1999		X	
3. 09/349,268	July 7, 1999		X	
4. 09/483,481	January 14, 2000		X	

☐ I HEREBY CLAIM THE BENEFIT UNDER 35 U.S.C. § 119(E) OF ANY UNITED STATES PROVISIONAL APPLICATION(S) LISTED BELOW:

U.S. PROVISIONAL APPLICATION	FILING DATE
1. 60/	
2. 60/	
3. 60/	

Docket No. 3141

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY FIFTH AND SUBSEQUENT INVENTORS

Full name of fifth inventor, if any

James C. Ray
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature James C. Ray

Date 10/22/01 Country of Citizenship U.S.A.

Residence Mentor, Ohio

Post Office Address 8765 Cliffwood Court
Mentor, OH 44060

Full name of sixth inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full name of seventh inventor, if any

(GIVEN NAME) / (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____